



# DARIEN YOUTH COMMISSION SUMMER CAMP 2007

SESSION 1: JUNE 25—JULY 13  
SESSION 2: JULY 16—AUGUST 2

ONLINE REGISTRATION NOW AVAILABLE! VISIT OUR WEBSITE AT  
[www.darienct.gov/parkrec/yc](http://www.darienct.gov/parkrec/yc)

***DETAILED REGISTRATION INFORMATION ON REVERSE***

<b>CAMP HINDLEY</b> (entering Grade 1)	<b><u>FEES:</u></b> One Child:	\$375 — 3 Weeks
<b>CAMP HOLMES</b> (entering Grades 2 & 3)		\$675 — 6 Weeks
<b>CAMP MATHER</b> (entering Grades 4, 5 & 6)	Each additional Child:	\$350 — 3 Weeks
(Town Hall)		\$625 — 6 Weeks

**TIME:** 9:00 a.m.—3:00 p.m. daily

**EARLY DROP-OFF:** Coupons are available for those needing to drop off as early as 8:00 a.m. \$4.00 each or 14 for \$50; non-refundable/non-transferable. Available for sale through the Youth Commission Office only. Not available for sale at camp locations.

**PROGRAM CONTENT:** Promoted as a "Total Day Camp Experience," the summer camp programs include: arts & crafts, sports activities, movies, recreational activities and lots more! PLEASE NOTE: The three camp schedules are being planned separate of one another depending on age & site restrictions, though some field trips may include all three groups.

**SPECIAL ACTIVITIES & EVENTS:** Theme days (such as Carnival, Mini-Olympics, Water Games Day, etc.), field days, sand castle contests, entertainers, cookouts & more!

**FIELD TRIPS:** A variety of field trips are included in overall camp fee. Trips include: bowling, movies, "My Three Sons," local beaches & more. Information regarding these programs will follow. The YC Summer Camp uses Laidlaw Bus Company as our sole source of transportation for all trips.

**GROUPINGS:** Campers will be grouped 8—12 per counselor according to age/grade and enrollment. Groupings will be sent home prior to the start of camp. Please cooperate with the Youth Commission's policy of not making special requests. Camp-wide activities are a large part of all daily schedules.

**NO SPECIAL REQUESTS WILL BE ACCEPTED.**

**TURN PAGE OVER FOR DETAILED REGISTRATION INFORMATION**

FOR ADDITIONAL INFORMATION, PLEASE CONTACT THE YOUTH COMMISSION

\*\* 656-7326 \*\* [asillars@darienct.gov](mailto:asillars@darienct.gov) \*\* [www.darienct.gov/parkrec/yc](http://www.darienct.gov/parkrec/yc) \*\*

# SUMMER CAMP REGISTRATION DETAILS

## REGISTRATION BEGINS MONDAY, FEBRUARY 12

### ONLINE

Online now available at  
[www.darienct.gov/parkrec/yc](http://www.darienct.gov/parkrec/yc)

Pay with Visa/MasterCard!

Due to software restrictions, we are only able to offer the first child rate online. Child must be correct grade level in our system to register online. Additionally, client will need Family Pin # and client Barcode to register online. If you have a problem call 656-7388. In the event the office is closed, your call will be returned the following business day. To receive the additional child reduced rate, you must choose one of the other registration options.

### MAIL-IN

Return completed registration form and check, payable to the TOWN OF DARIEN to

Darien Youth Commission  
2 Renshaw Rd.  
Darien, CT 06820

### WALK-IN

(Begins Tuesday, Feb. 21)  
Town Hall — Room 119

Payment options for walk-ins:  
cash, check or credit card  
(Visa/MasterCard).

(Please note that it does take a while to process summer camp registrations, so online or mail-in may be preferable registration options.)

### ALL REGISTRATIONS INCLUDE A \$25 PER SESSION REGISTRATION/CANCELLATION FEE

This fee is built into the cost of the program and is NOT an additional fee.

- Confirmation will be mailed immediately and will include Rules & Regulations. The registration form includes a Medical Information section which must be completed upon registration. For the benefit of your child's camp experience, please be as thorough as possible when completing this section.
- Each camp will have a "Camper Directory" including names, addresses and phone numbers of all registered campers which will be distributed before camp start-date. All campers are included in this directory unless parent indicates otherwise.
- Limited scholarship funds are available based on financial need. Scholarship requests should be checked on registration form and a scholarship application will be sent in the confirmation packet. (Scholarship requests may only be made with mail-in or walk-in registrations.) The \$25 per session registration/cancellation fee is required at time of registration and cannot be covered by scholarship money. DEADLINE FOR SUBMITTING SCHOLARSHIP APPLICATIONS IS MAY 4. Scholarship award letters will be sent out by May 21 with any balance due by June 1.
- All cancellations must be submitted in writing by May 25. A \$25 per session cancellation charge will be assessed. (This fee is built into the cost of the registration and NOT an additional fee.) For any cancellations made after May 25 until the start of the program, there will be a 25% cancellation fee. NO REFUNDS WILL BE ISSUED AFTER THE START OF THE SUMMER CAMP

FOR ADDITIONAL INFORMATION, PLEASE CONTACT THE YOUTH COMMISSION

\*\* 656-7326 \*\* [asillars@darienct.gov](mailto:asillars@darienct.gov) \*\* [www.darienct.gov/parkrec/yc](http://www.darienct.gov/parkrec/yc) \*\*



## 2007 SUMMER CAMP REGISTRATION FORM

Darien Youth Commission — 656-7326

2 Renshaw Rd. — Darien, CT 06820 — [asillars@darienct.gov](mailto:asillars@darienct.gov)

FOR OFFICE USE ONLY

CAMP \_\_\_\_\_ SESSION \_\_\_\_\_  
CHECK # \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_  
PD IN FULL \_\_\_\_\_ BALANCE DUE \_\_\_\_\_  
PAYMENT PLAN \_\_\_\_\_  
SIBLINGS \_\_\_\_\_  
EARLY DROP OFF COUPONS \_\_\_\_\_  
SCHOLARSHIP \_\_\_\_\_

REGISTRATION MUST BE MAILED IF PAYING BY CHECK.

IN PERSON CREDIT CARD PAYMENT BEGINS 2/20. NOTE: A NON-REFUNDABLE \$25 REGISTRATION/ CANCELLATION FEE IS INCLUDED IN EACH SESSION FEE. No refunds will be issued after the start of camp. Please use a separate registration form for each child. *PLEASE PRINT CLEARLY.*

CAMPER ELIGIBILITY: a Darien child must have successfully completed kindergarten (be entering first grade) through entering the sixth grade. Based on space availability, non-resident eligibility begins after 6/02/06.

### Registration deadline is 5/25/07

FEES: \$675 for first child for 6 weeks; \$375 for 3 weeks  
\$625 each additional child for 6 weeks; \$350 for 3 weeks

### PLEASE INDICATE BELOW SESSION(S) DESIRED AND ELIGIBLE CAMP:

(A SEPARATE REGISTRATION FORM IS REQUIRED FOR EACH CHILD)

\_\_\_\_\_ Full 6 weeks (June 25—August 2) \_\_\_\_\_ CAMP HINDLEY (Entering Grade 1)  
\_\_\_\_\_ Session I (June 25—July 13) \_\_\_\_\_ CAMP HOLMES (Entering Grades 2 & 3)  
\_\_\_\_\_ Session II (July 16—August 2) \_\_\_\_\_ CAMP MATHER (Entering Grades 4, 5 & 6)

CHILD'S NAME: \_\_\_\_\_

PLEASE INDICATE: \_\_\_\_\_ 1ST CHILD \_\_\_\_\_ ADD'L CHILD  
(If 2nd or 3rd child, please indicate where siblings are registered: \_\_\_\_\_)

GRADE AS OF SEPTEMBER 2007 \_\_\_\_\_ SCHOOL: \_\_\_\_\_ AGE: \_\_\_\_\_  
(SCHOOL YOUR CHILD ATTENDED DURING 2006/07 SCHOOL YEAR: \_\_\_\_\_)

DATE OF BIRTH: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MOTHER'S WORK PHONE: \_\_\_\_\_ MOTHER'S CELL PHONE: \_\_\_\_\_

FATHER'S WORK PHONE: \_\_\_\_\_ FATHER'S CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT in case Parents/Guardian is unavailable. (This should be someone who can pick up child if sick.)

NAME & ADDRESS \_\_\_\_\_ HOME # \_\_\_\_\_

CELL PHONE \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

### REQUEST TO APPLY FOR A CAMP SCHOLARSHIP

Request for a scholarship application \_\_\_\_\_ Yes Please indicate scholarship amount requested: \_\_\_\_\_

*Please note: ALL CAMPERS ARE REQUIRED TO PAY A NON-REFUNDABLE \$25 PER SESSION FEE, INCLUDING THOSE REQUESTING SCHOLARSHIPS. PLEASE ENCLOSE THIS AMOUNT WITH THIS REGISTRATION FORM.*

A scholarship application will be sent with confirmation packet. Scholarship application (with supporting documentation required) must be returned to this office by **MAY 4**.

*PLEASE UNDERSTAND THAT REQUESTING A SCHOLARSHIP IS NOT A GUARANTEE THAT A SCHOLARSHIP WILL BE GRANTED. IF GRANTED, A SCHOLARSHIP MAY BE A FULL OR PARTIAL AWARD OF THE REQUESTED AMOUNT.*

APPLICATION CONTINUED ON REVERSE...PLEASE COMPLETE BOTH SIDES

# DARIEN YOUTH COMMISSION SUMMER CAMP MEDICAL INFORMATION

**Please complete the following information regarding your child's health**

Child's Name \_\_\_\_\_

Physician's Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of last physical exam \_\_\_\_\_

Family Dentist & Address \_\_\_\_\_ Phone \_\_\_\_\_

Is your child in good physical condition? Yes \_\_\_\_\_ No \_\_\_\_\_

Does child have any medical or physical condition that camp staff should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe \_\_\_\_\_

Please list any allergies your child has: \_\_\_\_\_

Is your child required to take medication during camp hours? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

**(Please be advised that if your child needs medication during camp hours, a completed Authorization to Administer Medication form must be completed by physician & returned to DYC prior to camp start date)**

In the event of injury or illness, if reasonable attempts to contact parent/guardian and other emergency contact have been unsuccessful, I hereby give my consent for the administration of any emergency treatment necessary by a licensed medical professional or facility.

Hospital of Choice: Stamford \_\_\_\_\_ Norwalk \_\_\_\_\_

I agree to hold the Town of Darien, its agents, employees and volunteers harmless from any and all claims for bodily injury, illness and property damage arising from the Youth Commission's Summer Camp Program.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**CAMP T-SHIRT:** Campers will receive one free tee-shirt to be worn on field trips. Please indicate size:

CHILD MED \_\_\_\_\_

CHILD LRG \_\_\_\_\_

ADULT MED \_\_\_\_\_

ADULT LRG \_\_\_\_\_

## **EARLY DROP-OFF COUPON REQUEST**

Please fill out the following:

# \_\_\_\_\_ Individual

Tickets @ \$4.00 each

# \_\_\_\_\_ Book of 14

@ \$50.00 per book

\_\_\_\_\_ TOTAL

## **SWIMMING ABILITY:**

Non-Swimmer \_\_\_\_\_

Beg \_\_\_\_\_

Int \_\_\_\_\_

Adv \_\_\_\_\_

## FIELD TRIP PERMISSION

I give permission for my child \_\_\_\_\_ to go by bus to the beach & on scheduled field trips. I (we) agree to hold the Darien Youth Commission & any person connected therein and chaperones harmless from any & all claims for bodily injury & property damage arising from these trips.

Photo Policy: By registering your child for this program, you give the Youth Commission permission to take and publish photos of your child participating in this program. If you do not wish your child to be photographed, you must include this request in writing along with your registration.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

DARIEN YOUTH COMMISSION — 2 RENSRAW ROAD — DARIEN, CT 06820